



**APPLICATION
CERTIFICATE OF REGISTRATION
General Season Hunts**

Attention: False, inaccurate, or misleading information on this application is a criminal offense and violation of Utah Code Title 23 Chapter 19 Section 5

Rule R657-12, under Special Season Extension for Disabled Persons “allows” or “states”:

1) A person may obtain a Certificate of Registration from a division office to hunt an extended general deer, elk or wild turkey season as provided in Subsection (2), provided the person requesting the extension:

- (a) is blind, quadriplegic, upper extremity disabled, paraplegic, or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or who has lost either or both lower extremities;
- (b) satisfies the hunter education requirements as provided in Section 23-19-11 and Rule R657-23; and
- (c) obtains the appropriate license, permit and tag.

(2) (a) The extended general deer season may include

(i) a five day hunt immediately preceding the general any weapon buck deer season opening date published in the proclamation of the Wildlife Board for taking big game;

(A) the five day extension does not apply to general any weapon deer hunts with seasons less than nine days in duration; and

(b) The extended general spike bull elk season may occur five days after the general season spike bull elk hunt published in the proclamation of the Wildlife Board for taking big game.

(c) The extended general any bull elk season may occur concurrently with the general youth any bull elk hunt published in the proclamation of the Wildlife Board for taking big game.

(d) The extended general wild turkey season may occur during the following dates;

(i) April 25, 26, 27 2014;

(3) The division shall accept the following as evidence of disability:

- (a) obvious physical impediment;
- (b) use of any mobility device described in Section R657-12-2(2)(b);
- (c) a signed statement by a licensed ophthalmologist, optometrist, or a physician verifying the person is blind as defined under Section R657-12-2(2)(a); or
- (d) a signed statement by a licensed physician verifying the person is quadriplegic, upper extremity disabled as defined under Section R657-12-2(2)(d), paraplegic, or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or has lost either or both lower extremities.

☐ **As the applicant I have read and understand the requirements for obtaining this Certificate of Registration.**

Certificate of Registration is issued upon approval of application, and applicant's purchase of the required license/permit/tag.

**I HEREBY APPLY FOR A CERTIFICATE OF REGISTRATION IN ACCORDANCE WITH THE ABOVE
STIPULATIONS**

Customer Identification # _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Gender _____ Weight _____ Height _____ Eye Color _____ Hair Color _____

Signature of Applicant _____

Date _____

For more information or additional consideration please contact: Brad Vaske (801) 538-4815

Fax to: (801) 538-4858

Mail originals to: Attention Licensing

1594 West North Temple Suite 2110

Salt Lake City UT, 84114

***You must provide the original documentation prior to being issued a C.O.R. You may bring this to any division office.**

PHYSICIAN'S STATEMENT

(Must be completed and signed by physician for physical disabilities other than blindness; or by a physician, ophthalmologist, or optometrist for vision disabilities)

I hereby certify the above named applicant meets the criteria of legally blind, upper extremity disabled, paraplegic, quadriplegic, losing either or both lower extremities, or otherwise permanently disabled so as to be confined to a wheelchair or the use of crutches.

1. The applicant is blind?: ☐ Yes ☐ No

"Blind" means the person has no more than 20/200 visual acuity in the better eye when corrected; or has, in the case of better than 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision 20 degrees or less.

2. The applicant is paraplegic?: ☐ Yes ☐ No

3. The applicant is quadriplegic?: ☐ Yes ☐ No

4. The applicant's physical impairment is Permanent?: ☐ Yes ☐ No

5. This physical impairment permanently confines the applicant to the use of crutches, or a wheelchair?: ☐ Yes ☐ No

"Crutches" means a staff or support designed to fit under or attach to each arm, including a walker, which improve a person's mobility that is otherwise severely restricted by a permanent physical injury or disability.

6. This physical impairment involves the permanent loss of use of at least one of the applicant's lower extremities?: ☐ Yes ☐ No

"Loss of either or both lower extremities" means the permanent loss of use or the physical loss of one or both legs or a part of either or both legs which severely impedes a person's mobility.

7. The applicant is upper extremity disabled? ☐ Yes ☐ No

"Upper extremity disabled" means a person who has a permanent physical impairment due to injury or disease, congenital or acquired, which renders the person so severely disabled as to be physically unable to use any legal hunting weapon or fishing device.

Please explain how the impairment satisfies the state requirement found on this application: (attach additional pages as necessary)

Dr. Office Use Only:

Physician Signature _____ Date _____

Professional Title _____

Physician Name (print) _____ Telephone Number _____

Affix Office Stamp Here: _____ Address _____

City _____ State _____ Zip _____

Division Use Only:

Applicant meets the qualifications for this COR ☐ Y ☐ N ☐ Need more information

Region _____ Date: _____ Clerk Initials: _____

NOTES: _____

